

2000 UNIFORM BUSINESS REPORT (UBR)

Payclose

DOCUMENT # P96000088766

1. Entity Name

CONFUSED CHAMELEON, INC.

FILED

00 AUG -2 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11528 ANDY ROSSE LANE
CAPTIVA FL 33924

Mailing Address

POST OFFICE BOX 1000
CAPTIVA FL 33924

2. Principal Place of Business

11528 Andy Rosse Ln

3. Mailing Address

P.O. BOX 1000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPTIVA FL

City & State

CAPTIVA FL

Zip

33924

Country

USA

Zip

33924

Country

USA

4. FEI Number

65-0680303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOMBARDO, CARMEN J
11528 ANDY ROSSE LANE
CAPTIVA FL 33924

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LOMBARDO, CARMEN
STREET ADDRESS 15060 TAMARIND CAY CT
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE BP
NAME STRATOS, CONSTANTINE
STREET ADDRESS 11528 ANDY ROSSE LANE
CITY-ST-ZIP CAPTIVA FL 33924 ☐ Delete

TITLE S
NAME LOMBARDO, BANESSA
STREET ADDRESS 15060 TAMARIND CAY CT
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003361896--2
-08/18/00--01039--022
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen Lombardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

9414720560

Daytime Phone #

CR2E034 (5/00)

To the Dept.of State,

My name is Carmen Lombardo. I am the President of the Confused Chameleon. I am writing to see if it is possible to get the business report late fee waived. I honestly never saw the original yearly notice. I have an accountant that takes care of all my financials and they're saying I should have received the notice a while back. I'm not sure what happened ; but I would never intentionally not pay the annual fee. My business is in very good shape and I expect to have the Corporation for many years to come. I will promise to make a note of when the annual fee is due for next year, so that this will not happen again.

Thank You for considering my situation.

Sincerely,
Carmen Lombardo